

IN THE TROUBLED PART OF THE WORLD.

Herewith are two letters from Dr. Eloesser, who left San Francisco some months ago to do surgical work in Germany:

Reserve-Lazarett V,
Karlsruhe, den 1/Nov./15.

Dr. P. M. Jones,
San Francisco.

Dear Doctor Jones:

Although everyday life goes on in a way here that scarcely lets one know that there is a war,—although one eats, drinks, goes to the theater or to a concert and sleeps undisturbed afterwards, there are a few articles for which Germany is dependent on outside sources, whose scarcity is beginning to make itself felt. One of the main things is rubber; one feels the scarcity somewhat in hospital work. We still have rubber gloves, but we have to be sparing of them, and mend them and make them go as far as we can. The last time I was at headquarters I spoke to the Surgeon General of this Army Corps about it and asked whether I mightn't write to the Embassy at Berlin and see whether gloves, which after all are devoted to purely medical and humane purposes, would be considered as contraband by the English if purchased and imported from America via Holland or Norway, and if so, whether it mightn't be possible to get them through via the American Red Cross, provided a collection were taken up for the purpose. The Embassy answered very kindly and promptly that they had telegraphed the Red Cross at Washington that gloves were needed here and that they stood ready to receive and distribute a consignment in case one were sent. Thereupon I have written various German-American daily papers and friends soliciting their aid in getting up a collection for the American Red Cross to be devoted to the purpose. I am writing to you with the same end in view. If you think that it would be worth while, and that the medical profession would contribute I would be obliged if you would publish an appeal in the Journal, and if it's not asking too much, to exert your influence with the J. A. M. A. to have an appeal published there. Quite aside from the many German-American medical men, enough Americans who have studied in Germany should be glad to grasp this opportunity to show their gratitude for what they have learned, and what had been offered them here liberally and openly.

I have been very busy here up to the last week or so when things have begun to slacken, now that the attempt at a break through the West front seems to have resulted in a definite failure. The hospital has 240 beds; less than I had at my disposal in my former place (Ettlingen) but much more active. The hospital is for severely wounded; we have numerous other beds to which we can transfer patients as soon as they are well enough to be up and about, or not to need active surgical intervention or careful watching. This gives us as much material as we can take care of. The cases here are of the gravest kind. With the last transport we got mainly septic fractures and along with these a number of cases of injury to the vessels. The cases seem to run in groups here as well as in civil practice.

Work is satisfactory. They have been more than kind and accommodating to me at headquarters. I am my own master and subject only to occasional tours of inspection by higher officials, such as are made through all hospitals. Karlsruhe is near enough the front to get cases early—within twenty-four hours of injury sometimes, and still near enough Heidelberg and other universities to enable one to avail oneself of all the bacteriological and pathological aid that one wants, so that there is no excuse for not properly observing or treating

the cases. This hospital is in a brand-new manual training school, which has never been used as such, but was immediately converted into a hospital as soon as it was finished at the beginning of the war. It lacks nothing in the way of equipment—only rubber gloves are scant, and you'll help me get those.

With best regards.

Very Sincerely,

ELOESSER.

I am making this appeal in no official capacity, but purely in a private way, and am sending a check for \$25.00 to the Red Cross for the purpose myself.

Reserve-Lazarett V,
Karlsruhe, Baden, Nov. 3, 1915.

Dr. P. M. Jones,
San Francisco,

Dear Doctor Jones:

I am in receipt to-day of a letter from the American Embassy at Berlin that the American Red Cross would be glad to comply with their request for the shipment of rubber gloves, but that it had been unable to obtain the consent of the British Government for the shipment of rubber hospital supplies to Germany.

Further comment seems superfluous. If the Red Cross accepts this without energetic protest it seems a sad reflection on their neutrality.

I wrote you day before yesterday asking your aid in putting the matter of a collection for a fund to be devoted to the purchase of rubber gloves to be sent via the Red Cross before the medical public. Needless to say, I need not ask you to trouble about it, unless you care to mention the matter as it stands.

Things have gotten a little quieter here since I wrote but we are still busy enough.

With best regards.

Yours very sincerely,

ELOESSER.

THE ABDERHALDEN TEST.

J. Bronfenbrenner, M. J. Schlesinger and W. T. Mitchell, Pittsburg ("Journal A. M. A.," Oct. 9, 1915), report their investigation of the Abderhalden test, in which they notice the differences in opinion in regard to it and claim that it is not as difficult as many other serologic methods. It does not, they say, depend on the presence in the serum of specific ferments. They came to the conclusion that in no case is the placenta digested and that the mechanism of the reaction is entirely different from that ascribed to it by Abderhalden. They found that, as first suggested by Stephen and Hauptman, that the Abderhalden test is possible only with the serum containing complement and that when that is missing any fresh serum is able to activate the test, thus showing that at least the active principle in the digestion is not specific. Their experiments show that within certain quantitative limits the reaction remains specific, but if the substratum is in excess it may act mechanically and the reaction becomes non-specific. It appears to consist of two consecutive phases. In the first the antigen of the substratum unites with the antibody of the specific serum, and in the second phase such a "sensitized substratum" absorbs antitrypsin and permits autodigestion of the serum. They actually separated the two phases by preventing the autodigestion of fresh serum immediately after the sensitization of the substances. They conclude from their whole study that the test depends on the presence of specific substances in the serum which are not of a fermentative nature. The substratum is not digested and dialyzable split products originate not from the substratum but from the autodigestion of the serum. Analysis of the test shows